



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DR STEVEN J THORNTON
8210 WALNUT HILL LANE SUITE 130
DALLAS TX 75231

Respondent Name

AMERICAN CASUALTY CO OF READING PA

Carrier's Austin Representative Box

Box Number 47

MFDR Tracking Number

M4-13-1224-01

MFDR Date Received

JANUARY 17, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Per CNA it is global to 29881 in which I provided the AAOS global data and it does state global for synovial resection for VISUALIZATION but it was not just for visualization, a large plica needed be removed in addition. The operative report is attached showing the extensive procedure."

Amount in Dispute: \$353.24

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "As indicated by the URA, the reason for the denial of CPT code 29875-59 is that it is considered inclusive to CPT 29881 as per the Medicare CCI edit guidelines. Although Medicare does allow for the code pair to be billed together when Modifier-59 is appended we find that this is the incorrect application of the Modifier-59. After a review of the operative report, the documentation does not support that a synovectomy was performed at all. The appeal documentation claims that a plica was removed. This is not documented in the operative report."

Response Submitted by: Argus

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
February 22, 2012	CPT Code 29875-59	\$353.24	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.305 sets forth general provisions regarding dispute of medical bills.
2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 97-The benefit for this service is included in the payment/allowance for another service/procedure that has

already been adjudicated.

- U693-By clinical practice standards, this procedure is incidental to the related primary procedure billed.
- 59-Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- 607-Reimbursement for this procedure has been calculated according to the multiple procedure rule.
- W1-Workers' compensation jurisdiction fee schedule adjustment. Note: If adjustment is at the Claim Level, the payer must send and the provider should refer to the 835 Class of Contract Code Identification Segment (Loop 2100 Other Claim Related Information).
- 663-Reimbursement has been calculated according to state fee schedule guidelines.

Issues

1. Is the requestor entitled to reimbursement for CPT code 29875-59?

Findings

1. The respondent denied reimbursement for CPT code 29875-59 based upon EOB denial reason codes "97, and U693."

CPT code 29875 is defined as "Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)."

On the disputed date of service the requestor billed CPT codes 29881 and 29875-59.

CPT code 29881 is defined as "Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed)."

Per NCCI edits CPT code 29875 is a component of CPT code 29881; however, a modifier is allowed when appropriate. The requestor utilized modifier "59" to differentiate it as a separate service.

Modifier 59's descriptor is "**Distinct Procedural Service:** Under certain circumstances, it may be necessary to indicate that a procedure or service was distinct or independent from other non-Evaluation and Management (E/M) services performed on the same day. Modifier 59 is used to identify procedures or services other than E/M services that are not normally reported together but are appropriate under the circumstances.

Documentation must support a different session, different procedure or surgery, different site or organ system, separate incision or excision, separate lesion or separate injury (or area of injury in extensive injuries) not ordinarily encountered or performed on the same day by the same individual. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available and the use of modifier 59 best explains the circumstances should modifier 59 be used."

The February 22, 2012 Operative report indicates that the claimant underwent "Right arthroscopic partial medial meniscectomy; Arthroscopic resection of right hypertrophied ligamentum mucosum."

The Division finds that the requestor has not supported the use of modifier 59 or billing of CPT code 29875; therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

8/22/2013

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.